	ISSO!			-	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRITE ON THIS STUB		ENDEC			Registration District No. 1963 Primary Registration District No. 1962 STATE FILE NUMBER Registration District No. 1963
VS 300 Rev. 4/59	DATE AMENDED			- - 4	1. PLACE OF DEATH a. COUNTY BOONE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR N. INSTITUTION OF MO. MEd. CENER Yes No
3 4 0 5 3	- 0				3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DEATH JULY 12, 1963 5. SEX 6. COLOR OR RACE Widowed Never Married Divorced March 31 April Months Day Hours Min. Do, USUAL OCCUPATION (Give kind of work done 10)s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
7 0	AS FOLLOWS			1:	Sales Manuel Moberly, Mo Sales Manuel Moberly, Mo Sales Manuel Moberly, Mo 14. NAME OF HUSBAND OR WIFE William S. Bowers S. WAS DECEASED EVER IN U.S. ARMED FORCES 14. SOCIAL SECLIPITY NO. 17. INFORMANT. Address
11008	INSTEAD OF		DOCUMENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-
	500			CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ		OF	MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK I 20d. INJURY OCCURRED WHILE AT WORK I 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the decessed from Death occurred at
2	ITEM NO. SF		BY AFFIDAVIT	2	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 7/13/1968 Oorpland Cemetery Makeny Mo, Burial Director ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY'S S/GNATURE Wassell Thank Makeny Mo, (Licensed Embalmer' Statement on Reverse Side)

E361 8 & DUA

DOONE COLUMBIA

arresity of Mo. Mad. Contr.

WILLIAM E.

MALE White

SAIR MAR

Minigar S. Bowers

UV

STATEMENT. BY LICENSED EMBALMER

. ;

or by	, Student Embalmer No
working under my personal supervision.	Signed Sulend a Leeves
Signature of Student Embalmer	5109
	P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.